


FILE ON OR BEFORE DECEMBER 31, 1997 OR PARTNERSHIP WILL BE SUBJECT
TO REVOCATION AND \$500 PENALTY FEE

LIMITED PARTNERSHIP ANNUAL REPORT 1998		 FLORIDA DEPARTMENT OF STATE Sandra B. Mortham Secretary of State DIVISION OF CORPORATIONS		FILED SECRETARY OF STATE DIVISION OF CORPORATIONS 97 DEC 26 PM 2:49 9712/18	
1. Name of Limited Partnership		1a. DOCUMENT # A92000000233			
MIOT FAMILY PARTNERSHIP, LTD.					
Mailing Address 1 S.E. 3RD AVENUE, 15TH FLOOR MIAMI FL 33131		Principal Office Address 1 S.E. 3RD AVENUE, 15TH FLOOR MIAMI FL 33131		3. Date Formed or Registered 12/29/1992	
2. Mailing Address		2a. Principal Office Address		3a. Date of Last Report 12/31/1996	
Suite, Apt. #, etc.		Suite, Apt. #, etc.		4. State or Country of Formation FL	
City & State		City & State		6. FEI Number 65-0375820	
Zip		Country		7. Certificate of Status Desired <input type="checkbox"/> Applied for <input type="checkbox"/> Not Applicable	
				8. Make check payable to: Dept. of State (See reverse side for fee information)	
				5a. Capital Contributions as Shown on record \$5,000,000.00	
				5b. Amount of Capital Contributions in FLORIDA to date	

9. Name and Address of Current Registered Agent		10. If changed, new Registered Agent/Office	
MIOT, SANFORD B 1 S.E. 3RD AVENUE 15TH FLOOR MIAMI FL 33131		Name	
		Street Address (P.O. Box Number Is Not Acceptable)	
		Suite, Apt. #, etc.	
		City	FL

10a. Pursuant to the provisions of sections 620.1051 and 620.192, Florida Statutes, the above-named limited partnership organized or registered under the laws of the State of Florida submits this statement for the purpose of changing its registered office or registered agent, or both, in the State of Florida. Such change was authorized by its general partner(s). I hereby accept the appointment of registered agent. I am familiar with, and accept the obligations of section 620.192, Florida Statutes.

SIGNATURE (Registered Agent Accepting Appointment)

DATE

**A GENERAL PARTNER THAT IS A CORPORATION, LIMITED PARTNERSHIP OR OTHER BUSINESS ENTITY
MUST BE REGISTERED AND ACTIVE WITH THIS OFFICE.**

11. Name(s) of General Partner(s)	11a. Address of Each General Partner (Do NOT Use Post Office Box Numbers)	11b. City, State & Zip Code	11c. Registration/ Document Number
YAMI INVESTMENTS, INC.	1 S.E. 3RD AVENUE 15T	MIAMI FL 33131	P92000010623
000002398500--5 -01/13/98--01073--007 ****541.25 ****541.25			

Note: General partners MAY NOT be changed on this form; an amendment must be filed to change a general partner.

12. I do hereby certify that the information supplied with this filing is voluntarily furnished and does not qualify for the exemption stated in Section 119.07(3)(k), Florida Statutes. I release the Division of Corporations from any liability of non-compliance with Section 119.07(3)(k) in the event that the information supplied is deemed exempt from public access. I further certify that the information indicated on this annual report is true and accurate and that my signature shall have the same legal effects as if made under oath. I further certify that I am a General Partner of the limited partnership, receiver or trustee empowered to execute this report as required by chapter 620, Florida Statutes.

SIGNATURE

Typed or Printed Name of General Partner Signing Form

Sanford B. Miot
SANFORD B. MIOT
General Partner
Daytime Telephone Number 305-377-1800
12-18-97

CR2E003 (6/97)